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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>181</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>325</u>
Town of <u>Hayden</u>			Local Registrar No. <u>20</u>
or _____			
City of _____	No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>William August Schauer</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>
6. Date of birth <u>4-25-24</u>		Month day year	
7. Full name FATHER <u>W. August Schauer</u>		14. Full maiden name MOTHER <u>Mildred Bowser</u>	
9. Residence (Usual place of abode) <u>Hayden</u>		15. Residence (Usual place of abode) <u>Hayden</u>	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>24</u> (Years)		17. Age at last birthday <u>17</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Poledo</u>	
(State or country)		(State or country) <u>Chia</u>	
13. Occupation <u>Carpenter Helper</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* <u>30</u>			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>12 P.</u> on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Fitz R. Winaland</u>	
Given name added from a supplemental report _____		Address _____	
Month, day, year.		Filed <u>Apr 30</u> , 19 <u>24</u>	
Registrar.		Filed <u>5-7</u> , 19 <u>24</u>	
		Local Registrar.	
		County Registrar.	

629-425-429